



Construction Trades Qualifying Board

APPLICANT FINANCIAL HISTORY

(To be completed by the qualifying agent)

NOTE: Under the provisions of Section 10-6 of the Code of Miami-Dade County, certain affirmative conditions must be established for both the qualifying agent and the business entity being qualified including financial responsibility before the Construction Trades Qualifying Board (CTQB) can issue a contractor's business certificate of competency. A credit investigative agency under contract will be forwarded some of the information contained in this application in order to provide a credit report. The information below will also be reviewed by the CTQB.

TYPE or PRINT (must be legible)

1.

Full legal name of qualifying agent _____ Social Security No. _____

Home address: Street _____ City, State, Zip Code _____ Home Telephone No. _____

Driver's License No. _____

Date of birth _____ Marital Status _____ No. of Dependents _____

2.

Name of Business desiring to qualify _____

Business Address: Street _____ City, State, Zip Code _____ Business Telephone No. _____

The following questions pertain to the business you are desiring to qualify:

3.

a. Line of Business 3a. _____

b. If applicable, Federal Identification No. 3b. _____

c. How long established? 3c. _____

d. Position or Title 3d. _____

e. Nature of work 3e. _____

f. Approximate annual salary or wages from this position. 3f. \$ _____

For the following questions, if the same employer as provided in No. 2 indicate N/A.

4.

a. Business name of employer currently affiliated with 4a. _____

b. If applicable, Federal Identification No. 4b. _____

c. Address for employer in 4a 4c. _____

d. How long with employer? 4d. _____

5.

a. If in any business on your own account, state nature and approximate net annual income. 5a. _____

b. Other income amount and source? 5b. \$ _____, Source _____

6.

a. How long have you lived at your present address? 6a. _____

b. Former home address 6b. _____

c. Do you own your own home?

d. If so, provide value?

e. Mortgage?

f. What other major assets do you possess?
(attach additional sheet if necessary)

6c. Yes ☐ No ☐

6d. _____

6e. Yes ☐ No ☐ If Yes, \$ _____

6f. _____

g. What is your estimated net worth ?

6g. _____

7. Work History (List names and address of last three employers and dates of employment and the position you held).

| Employed From - To | Title | Employer Name | Address | Phone No. |
|-----------------------|-------|---------------|---------|-----------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

| 8. CREDIT REFERENCES | ADDRESS (City and State) | Account Now Active | | HIGHEST BALANCE / CREDIT LIMIT |
|----------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|
| | | YES | NO | |
| 1. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____/____ |
| 2. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____/____ |
| 3. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____/____ |

| 9. Bank (s) (Name, Address, City & State) | Type of Account | | Still Active? | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Checking | Savings | Yes | No |
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Have you as an individual, or as a member of a firm, or as an officer or director of a corporation within the past five years refused to pay valid bills? Yes ☐ No ☐

a. In the last five years have you or any member of the business entity, officer or director of the corporation had any connection with any organization which said person was responsible for, been adjudicated bankrupt, or is any such person or organization presently in the process of bankruptcy proceedings? Yes ☐ No ☐

b. Do you the qualifying agent or any member of the firm, officer or director of the corporation had any connection with any organization which said person was responsible for, have any unpaid past-due bills or claims for labor, materials or services, as a result of construction operations? Yes ☐ No ☐

c. In the last five years have you had any liens or judgments? Yes ☐ No ☐

Satisfied? Yes ☐ No ☐ Disposition _____

d. What other debts to your knowledge do you owe?

Signature of Qualifier X _____